

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Jay Breneman / Jay Breneman			
Street Address	4118 State St. / P.O. Box 282			
City	State	Zip Code		
Erie	PA	16508 / 16512		

Type of Report (Place x under report type)

1-6 th Tuesday Pre-Primary	2-2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report			
	2018		<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/5/17	01/31/2018	
A. Amount Brought Forward From Last Report	\$	00.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	00.00	
C. Total Funds Available (Sum of Lines A and B)	\$	00.00	
D. Total Expenditures (From Schedule III)	\$	00.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	00.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	00.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	00.00	

Affidavit Section

Part 1. If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 31st day of January 20 18
Kimberly S. Alexander
 Signature
 My Commission expires 10 31 2019
 MO. DAY YR.
April D. Sweeney
 Signature of Person Submitting report
APRIL D. SWEENEY
 Printed Name
814 969-2501
 Area Code Daytime Telephone Number

If this is a report of a Candidate's Authorized Committee, candidate shall sign here.
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this 31st day of January 20 18
Kimberly S. Alexander
 Signature
 My Commission expires 10 31 2019
 MO. DAY YR.
JAY BRENNEMAN
 Signature of Candidate
JAY BRENNEMAN
 Printed Name
814 580-8883
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly S. Alexander, Notary Public
 City of Erie, Erie County
 My Commission Expires Oct. 31, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

2018 JAN 31 PM 4:48
 KA

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	0
4. Other Receipts: Refunds, Interest Earned, Returned Check(s), ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0

PART A

Contributions Received From Political Committees**\$50.01 TO \$250.00**Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number						Amount
Full Name of Contributing Committee					Date (MM/DD/YYYY)	
House #	Street Address				Date (MM/DD/YYYY)	
City		State		Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	
House #	Street Address				Date (MM/DD/YYYY)	
City		State		Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	
House #	Street Address				Date (MM/DD/YYYY)	
City		State		Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	
House #	Street Address				Date (MM/DD/YYYY)	
City		State		Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	
House #	Street Address				Date (MM/DD/YYYY)	
City		State		Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	
House #	Street Address				Date (MM/DD/YYYY)	
City		State		Zip Code	Date (MM/DD/YYYY)	

All Other Contributions

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

File Identification Number									
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #	Street Address				Date (MM/DD/YYYY)		S		
City	State			Zip Code	Date (MM/DD/YYYY)		S		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #	Street Address				Date (MM/DD/YYYY)		S		
City	State			Zip Code	Date (MM/DD/YYYY)		S		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #	Street Address				Date (MM/DD/YYYY)		S		
City	State			Zip Code	Date (MM/DD/YYYY)		S		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #	Street Address				Date (MM/DD/YYYY)		S		
City	State			Zip Code	Date (MM/DD/YYYY)		S		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #	Street Address				Date (MM/DD/YYYY)		S		
City	State			Zip Code	Date (MM/DD/YYYY)		S		

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number									
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Full Name of Contributing Committee						Date (MM/DD/YYYY)		S	
House #		Street Address				Date (MM/DD/YYYY)		S	
City		State		Zip Code		Date (MM/DD/YYYY)		S	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State	Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address/ Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State	Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address/ Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State	Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address/ Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State	Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address/ Principal Place of Business						

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number	
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

EIC Identification Number _____

1. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 FROM PARTIES		
TOTAL for the reporting period (2)	\$	0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 FROM PARTIES		
TOTAL for the reporting period (3)	\$	0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Hierarchical Number	
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Full Name of Contributor		Date (MM/DD/YYYY)		S
House #	Street Address	Date (MM/DD/YYYY)		S
City	State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		S
House #	Street Address	Date (MM/DD/YYYY)		S
City	State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		S
House #	Street Address	Date (MM/DD/YYYY)		S
City	State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		S
House #	Street Address	Date (MM/DD/YYYY)		S
City	State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		S
House #	Street Address	Date (MM/DD/YYYY)		S
City	State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution				

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State		Zip Code	Date (MM/DD/YYYY)	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State		Zip Code	Date (MM/DD/YYYY)	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State		Zip Code	Date (MM/DD/YYYY)	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City		State		Zip Code	Date (MM/DD/YYYY)	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						